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Letter to the Editor

Ebola virus disease

**To the Editor,**

The report on the Ebola virus disease which appeared in a recent issue of this publication was very interesting.¹ Tseng and Chan noted that “there is no standard treatment for EVD” and also mentioned that “to promptly identify patients and prevent further spread, physicians should be aware of travel or contact history for patients with constitutional symptoms.”¹

These two points should be further discussed. Certainly, as an emerging disease, knowledge about the treatment of the Ebola virus disease is limited.² However, within the past several months, there are many newly published guidelines specifically addressing the new Ebola virus disease. Several good examples are those published in MMWR Morb Mortal Wkly Rep and BMJ.^{3,4} Such guidelines can be extremely useful, and should be further adapted to individual settings. Focusing on early diagnosis, it is acceptable as a good tool for disease control.² However, there are many problems regarding early diagnosis. First, asymptomatic infection is possible and this cannot be easily detected.^{5,6} Second, the problem of false negative readings as a part of case diagnosis has been reported.⁷ This problem can also be seen in the modern PCR test.⁸ Alternatively, false positives in diagnosis have also been observed.⁹ Adding to the basic limited availability of the test, the problem of false diagnosis must be kept in mind when one deals with the problem of the newly-emerging Ebola virus disease.²

References

1. Tseng C, Chan Y. Overview of Ebola virus disease in 2014. *J Chin Med Assoc* 2015;78:51–5.
2. Wiwanitkit V. Ebola virus infection: what should be known? *N Am J Med Sci* 2014;6:549–52.
3. Centers for Disease Control and Prevention (CDC). Announcement: Interim U.S. guidance for monitoring and movement of persons with potential Ebola virus exposure. *MMWR Morb Mortal Wkly Rep* 2014;63:984.
4. McCarthy M. US issues new guidelines for health workers caring for Ebola patients. *BMJ* 2014;349:g6418.
5. Bellan SE, Pulliam JR, Dushoff J, Meyers LA. Ebola control: effect of asymptomatic infection and acquired immunity. *Lancet* 2014;384:1499–500.
6. Leroy EM, Baize S, Debre P, Lansoud-Soukate J, Mavoungou E. Early immune responses accompanying human asymptomatic Ebola infections. *Clin Exp Immunol* 2001;124:453–60.
7. Pittalis S, Fusco FM, Lanini S, Nisii C, Puro V, Lauria FN, et al. Case definition for Ebola and Marburg haemorrhagic fevers: a complex challenge for epidemiologists and clinicians. *New Microbiol* 2009;3:359–67.
8. Drosten C, Panning M, Guenther S, Schmitz H. False-negative results of PCR assay with plasma of patients with severe viral hemorrhagic fever. *J Clin Microbiol* 2002;40:4394–5.
9. Vladyko AS, Zaitseva VN, Trofimov NM, Shkolina TV, Scheslenok EP, Boshchenko IuA, et al. False-positive reactions in laboratory diagnosis of Lassa, Marburg, and Ebola viral hemorrhagicfevers and AIDS. *Vopr Virusol* 1997;42:66–70.

Viroj Wiwanitkit*

Senior Expert Surin Rajabhat University, Thailand

Hainan Medical University, China

Joseph Ayobabalola University, Nigeria

Faculty of Medicine, University of Nis, Serbia

Dr. DY Patil Medical University, India

*Corresponding author. Professor Viroj Wiwanitkit,
Wiwanitkit House, Bangkhuae, Bangkok 10160, Thailand.
E-mail address: wviroj@yahoo.com

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